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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF RIBAR STANDARD CERTIFICATE OF BUILTH County or Village. District or Township (If bigh occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of 4. Twin, triplet or other .... 3. Sex of Child To be answered ONLY 7. Date in event of plural of birth. 5. No., in order of birth ... Month births. MOTHER Full name Full maiden name 15. Residence 9. Residence (Usual place of abode) (Usual blace of abode) If non-resident, give place and stat If non-resident, give place and state, 16. Color or race 10. Color or race 18. Birthplace (city or place 12. Birthplace (city or place). (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry (a) Born alive and now living ...... 21. Were precautions taken against oph-20. Number of children of this mother ... thalmia neonatorum. (b) Born alive but now dead ... (Taken as of time of birth of child herein (c) Stillborn.. certified and including this child) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) \* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature (Physician or midwife). Given name added from a supplemental report Month, day, Posistrar. Registrar.

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